

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MEDICAL HISTORY DOCUMENTATION SYSTEM AND METHOD, the specification of which

(check one) [X] is attached hereto.

[] was filed on _____ as
Application Serial No. _____ and
was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

(Number)	<u>NONE</u> (Country)
(Number)	(Country)
(Number)	(Country)

Priority Claimed

Yes	No (Day/Month/Year Filed)
Yes	No (Day/Month/Year Filed)
Yes	No (Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	<u>NONE</u> (Filing Date)	(Status-patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status-patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Daniel J. Meaney, Jr., Reg. 22179
Address all telephone calls to Daniel J. Meaney, Jr., at telephone no. (805)565-5513
Address all correspondence to Daniel J. Meaney, Jr., Esq.
P. O. Box 22307
Santa Barbara, California 93121

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief and are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Franziska Shepard 1-00
First Inventor's signature *Franziska M. Shepard* Date March 9, 1996
Residence Santa Maria, California CA Citizenship USA
Post Office Address 1414 E. Main Street, Santa Maria, California 93454

Full Name of second joint inventor, if any _____
Second inventor's signature _____ Date _____
Residence _____ Citizenship _____
Post Office Address _____

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
 (37 CFR 1.9(d) & 1.27(b))--INDEPENDENT INVENTOR

Docket Number (Optional)
 5483 413416/010

Applicant or Patentee: Franziska Shepard

Serial or Patent Number: 1996

Filed or Issued: _____

Title: MEDICAL HISTORY DOCUMENTATION SYSTEM AND METHOD

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ No such person, concern, or organization exists.
☒ Each such person, concern or organization is listed below.

MAGNA CARTA SYSTEMS, INC., a California corporation
 1414 E. Main Street
 Santa Maria, California 93454

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Franziska Shepard

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of inventor

Signature of inventor

Signature of inventor

March 4, 1996

Date

Date

Date



VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN		Docket Number (Optional) 5483 413416/010
Applicant or Patentee: <u>Franziska Shepard</u>		
Serial or Patent No.: _____		
Filed or Issued: _____		
Title: <u>MEDICAL HISTORY DOCUMENTATION SYSTEM AND METHOD</u>		
I hereby declare that I am <input type="checkbox"/> the owner of the small business concern identified below: <input checked="" type="checkbox"/> an official of the small business concern empowered to act on behalf of the concern identified below:		
NAME OF SMALL BUSINESS CONCERN <u>MAGNA CARTA SYSTEMS, INC.</u>		
ADDRESS OF SMALL BUSINESS CONCERN <u>1414 East Main Street</u> <u>Santa Maria, California 93454</u>		
<p>I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.</p>		
<p>I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:</p> <p><input checked="" type="checkbox"/> the specification filed herewith with title as listed above. <input type="checkbox"/> the application identified above. <input type="checkbox"/> the patent identified above.</p>		
<p>If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).</p>		
<p>Each person, concern or organization having any rights in the invention is listed below: <input checked="" type="checkbox"/> no such person, concern, or organization exists. <input type="checkbox"/> each such person, concern or organization is listed below.</p>		
<p>Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)</p>		
<p>I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))</p>		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.</p>		
NAME OF PERSON SIGNING <u>Franziska Shepard</u>		
TITLE OF PERSON IF OTHER THAN OWNER <u>President</u>		
ADDRESS OF PERSON SIGNING <u>1414 East Main Street, Santa Maria, CA 93454</u>		
SIGNATURE <u>Franziska M. Shepard</u> DATE <u>March 4, 1996</u>		